



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**APPLICATION TO TRANSFER RETIREMENT**  
**SERVICE CREDITS AND DOLLARS**

PLEASE PRINT

COMPLETE AND SEND TO:  
ASRS - Finance  
PO Box 33910  
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
Tucson (520) 239-3100  
Toll-Free (800) 621-3778  
TTY (602) 240-5333  
Fax (602) 240-5340  
[www.azasrs.gov](http://www.azasrs.gov)

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to collect and retrieve information about an individual's ASRS account and to make returns and reports to the Internal Revenue Service about distributions and withholdings respecting the individual's account.

Social Security Number		Member Name (Last)		(First)	(Middle Initial)
Mailing Address				Daytime Telephone Number (      )	
City	State	ZIP	Date of Birth (MM/DD/YY)		
Date of Termination with Former Retirement Plan (MM/DD/YY)			Date of Employment with the Employer of the ASRS (MM/DD/YY)		

I would like to request transfer of my existing service credits and dollars from the following retirement plan/system  
**(check only one):**

<input type="checkbox"/>	The City of Phoenix Retirement Plan (COPERS) to the ASRS
<input type="checkbox"/>	The City of Tucson Retirement Plan (TSRS) to the ASRS
<input type="checkbox"/>	The Elected Officials Retirement Plan (EORP) to the ASRS
<input type="checkbox"/>	The Correctional Services Officer Retirement Plan (CORP) to the ASRS
<input type="checkbox"/>	The Public Safety Retirement Plan (PSRP) to the ASRS

Member Signature	Date
------------------	------

